

# **Governor's Council on Substance Abuse Report Methamphetamine Abuse In Washington State**

Dr. Priscilla Lisicich, Council Chair  
Dr. Carol A. Owens, Staff Coordinator

**May 2000**



**WASHINGTON STATE  
COMMUNITY, TRADE AND  
ECONOMIC DEVELOPMENT**

*Building Foundations for the Future*

**Martha Choe, Director**

**Busse Nutley, Assistant  
Director for Community  
Development**

## **MISSION**

It is the mission of the Governor's Council on Substance Abuse to reduce substance abuse in Washington State.

This includes reducing the abuse of alcohol, tobacco, drugs, and other materials that individuals may abuse, including over-the-counter medications, gasoline, and glue.

## **VALUES**

We will work collaboratively while also recognizing diversity, combining efforts in the private, public, tribal and nonprofit sectors.

Whenever possible, we will build on and strengthen effective structures, systems and organizations that are addressing substance abuse, rather than develop new programs.

We will develop balanced and accountable strategies for reducing substance abuse, not emphasizing one approach over another, but recognizing that a complex set of problems requires more than one method of resolution.

## **RESPONSIBILITIES**

The Governor's Council on Substance Abuse will:

Develop recommendations, based on community and agency input and involvement, for state and local strategies on substance abuse;

Advise the Governor on substance abuse issues;

Review and develop recommendations regarding state, local, and federal funding of substance abuse programs;

**Advise the Family Policy Council on substance abuse issues through a collaborative process; and,**

Provide policy recommendations to state agencies on alcohol, tobacco, and other drug issues.

# **GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE REPORT METHAMPHETAMINE ABUSE IN WASHINGTON STATE**

**A Report Prepared by the Methamphetamine Workgroup  
for the Governor's Council on Substance Abuse**

**Dr Priscilla Lisicich, Council Chair  
Dr. Carol A. Owens, Staff Coordinator**

**May 2000**



**WASHINGTON STATE  
COMMUNITY, TRADE AND  
ECONOMIC DEVELOPMENT**

*Building Foundations for the Future*

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For more information, please contact the Governor's  
Council on Substance Abuse at 360-753-5626.

Additional copies of this report can be obtained by  
calling the Washington State Alcohol/Drug Abuse  
Clearinghouse at 1-800-662-9111, or by writing them at  
3700 Rainier Avenue South, Suite A, Seattle, WA  
98144.

## ACKNOWLEDGEMENTS

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*The points of view or opinions contained in this document do not necessarily represent the official position or policies of the Governor's Office, Washington State Community, Trade and Economic Development, or other participating agencies.*



# GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE

WASHINGTON STATE COMMUNITY, TRADE AND ECONOMIC DEVELOPMENT

BUILDING FOUNDATIONS FOR THE FUTURE

**May 24, 2000**

The Honorable Gary Locke  
Governor, State of Washington  
Legislative Building  
Post Office Box 40002  
Olympia, Washington 98504-0002

Dear Governor Locke:

I am pleased to forward to you the results of a study on Methamphetamine impacts in Washington State just completed by the Governor's Council on Substance Abuse. We were assisted in this effort by a workgroup of representatives from affected state and local agencies, researchers, and community organizations. Based on the study's results we recommend a number of policy actions to curb the costly human and economic impacts caused by Meth manufacture and use in our state.

The problems created by Meth are intensified by the fact that at least 40 percent of the Meth on the street is manufactured in illegal labs located in houses, motel rooms, and even in motor vehicles in communities across the State.

- Admissions to publicly-funded treatment programs have risen from 486 or nine per year per 100,000 population in 1993 to 4,854 or 84 per 100,000 population in 1999.
- The reports of illegal Meth labs reported increased from 38 in 1990 to 789 for 1999.
- 11 percent of high school seniors report that they have tried Meth.

Recommendations for State policy action to curb the Meth impacts in Washington State are detailed in Section VII of this report. They include the following recommendations for state action:

- To establish and maintain a cross-system team to link prevention, treatment, health, child welfare, education, and law and justice efforts at the state and local level.
- To ensure that long term treatment is available for residents already addicted to Meth.
- To develop and maintain a statewide database to synthesize data collected by numerous agencies for more accurate trend analysis and outcome evaluation.
- To provide a statewide Meth public awareness and education program.

The Honorable Gary Locke  
May 24, 2000  
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- Provide an aggressive program of training and technical assistance for all public and private agencies, retailers, and other community organizations providing services impacted by Meth.
- To direct the Washington State Community, Trade and Economic Development to work with its Community Mobilization contractors in Washington's 39 counties to form public / private action teams in communities heavily impacted by Meth.

We hope the information provided by this policy study will be of assistance to you and office in developing state policy for coping with the impacts of the Meth epidemic in Washington State. Please contact me or Council staff if you need additional information or assistance during your consideration of these recommendations.

Sincerely,



Priscilla Lisicich, Ph.D.  
Council Chair

Cc: Dick VanWagenen, Governor's Executive Policy Office  
Marty Brown, Director, Office of Financial Management  
Busse Nutley, Deputy Director of Community Development, CTED

## **GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE**

### **LONG-TERM GOALS FOR REDUCING SUBSTANCE ABUSE**

#### **PREVENTION**

1. Prevent and reduce the misuse and abuse of alcohol, tobacco, and other drugs.
2. Focus on outcome-based prevention strategies to increase the effectiveness of prevention efforts.
3. Increase the community ownership and responsibility for prevention of misuse of alcohol, tobacco, and other drugs.

#### **TREATMENT**

1. Increase access to and availability of chemical dependency treatment, as clinically necessary.
2. Reduce the negative effects of alcohol, tobacco, and other drugs.
3. Address the basic needs of people in chemical dependency treatment.

#### **LAW AND JUSTICE**

1. Increase public safety.
2. Increase the effectiveness of law and justice efforts to reduce alcohol and other drug abuse-related crimes.
3. Foster citizen involvement and support for effective law and justice efforts, including community-oriented policing.

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## **EXECUTIVE SUMMARY**

Concerns about the impact of Methamphetamine (Meth) abuse in Washington State began in the early 1990s. Throughout the 1990s the rates for Meth related crime, drug treatment admissions, and environmental contamination have continued to climb.

- The rate of admission to publicly funded treatment programs has risen from 486, or nine per year per 100,000 population, to 4,854 or 84 per 100,000 population in 1999.
- The number of residential Meth labs and dumps reported statewide has increased from 38 in 1990 to 789 in 1999. Between January 1 and March 31, 2000, an additional 362 have been reported.
- 1998 school survey data reports 11 percent of high school seniors have tried Meth at least once.
- Along with the continuing growth of Meth-related impacts there are some important policy questions for state and local governments:
  - How can we ensure an effective, collaborative process involving all state and local agencies dealing with the myriad of Meth impacts?
  - What public information and education are necessary for the effective prevention of future Meth use?
  - What treatment model and level of treatment services are necessary to successfully treat Washington residents already addicted to Meth?
  - What levels of training and technical assistance are necessary to adequately train staff of all health, law enforcement, judicial, child welfare, and other agencies that are called upon to respond to Meth impacts?
  - How can we ensure that all state and local agencies have access to current, Meth-specific data needed to identify trends, provide cost/benefit analyses of the strategies implemented, and track progress toward reducing Meth impacts?

For the last year the Meth Workgroup, with representation from state and community professionals dealing with Meth impacts, has investigated Meth issues in Washington State. The Meth Workgroup proposes a number of proactive strategies to curb the problems created by Meth use in our communities.

The recommendations of the Meth Workgroup are detailed in Section VII of this paper. In summary these recommendation include:

- The Meth Workgroup recommends ongoing, cross-system collaboration to effectively link prevention, treatment, health, child welfare, education, and law and justice efforts at the state and local level.
  - A Meth consortium of state agencies should be charged with the responsibility for strategic management of public policy efforts to reduce Meth impacts.
  - Washington State Community, Trade and Economic Development, through its Community Mobilization Program and the Community Mobilization contractors in Washington's 39 counties, should form Action Teams in local communities heavily impacted by Meth.
- The Meth Workgroup recommends state action to provide a concentrated, long-term approach for the treatment of Meth addiction that includes long-term support for relapse prevention.
- The Meth Workgroup recommends development of a statewide database to synthesize data now collected by a variety of agencies for more accurate trend analysis and outcome evaluation.
- The Meth Workgroup recommends piloting community-based Meth prevention models to assess whether targeting Meth use is more effective than generic substance abuse prevention models.
- The Meth Workgroup recommends that state government take action to provide a statewide Meth public awareness and education program.
- The Meth Workgroup recommends the Meth Public Awareness and Education Campaign be provided in conjunction with action to increase responding agencies' capacity for timely responses to public requests for assistance.
- The Meth Workgroup recommends an aggressive program of training and technical assistance for all public and private agencies, retailers, and other community organizations providing services related to Meth impacts.

## METHAMPHETAMINE ABUSE IN WASHINGTON STATE

### I. Introduction

Concerns about the impact of Methamphetamine (Meth) abuse in Washington State began in the early 1990s. Throughout the 1990s rates for Meth-related crime, drug treatment admissions, and environmental contamination have continued to climb. Along with the continuing growth of Meth related impacts come some important policy questions for state and local governments:

- What public information and education are necessary for the effective prevention of future Meth use?
- What treatment models and level of treatment services are necessary to successfully treat Washington residents already addicted to Meth?
- What level of training and technical assistance are necessary to adequately train the following people:
  - law enforcement and judicial staff statewide for successful investigation and prosecution of Meth lab operators?
  - law enforcement officers statewide in recognition and management of offenders who may be prone to violence due to their Meth addiction?
  - healthcare and child welfare workers, and other social service agencies' staff who work with children and families at risk from Meth addiction or exposure to Meth lab chemicals?
- How can we ensure that an effective, collaborative process involving all state and local agencies dealing with the myriad of Meth impacts?
- How can we ensure all state and local agencies have access to the current data, including changes in trafficking and Meth use patterns? Can we establish a database system to coordinate the collection and analysis of Meth impact data across agencies statewide?
- How can we use the services of state government economists to research and track economic impacts and the cost/benefit of state programs and policy interventions?
- What benchmarks should we set and track to measure our progress toward reducing Meth use and its related impacts?

### II. Overview

Recent data, from the Division of Alcohol and Substance Abuse, tracking the number of treatment admissions in state-funded facilities shows the number of admissions for stimulant addiction treatment are still lower than admissions for the treatment of alcohol or marijuana addiction. However, there have been dramatic increases in the indicator data related to the use of the stimulant drug Methamphetamine (Meth) since the early

1990s.<sup>1</sup> This data fuels the growing concerns about the social and public health impacts of this illegal drug in Washington State.

- The rate of admission to publicly-funded treatment programs has risen from 486, or nine per year per 100,000 population, to 4,854 or 84 per 100,000 population in 1999.
- The number of residential Meth labs and dumps reported statewide has increased from 38 in 1990 to 789 in 1999. Between January 1 and March 31, 2000, an additional 362 have been reported.
- 1998 school survey data reports 11 percent of high school seniors have tried Meth at least once.
- Meth use is linked to the transmission of sexual and blood-borne infections such as syphilis, HIV, and Hepatitis C through sharing of injection drug-using equipment and unprotected sexual activity.<sup>2</sup>

Stimulant drugs, which include amphetamines and Meth, exert biological action by releasing the neurotransmitters norepinephrine, dopamine, and serotonin. When Meth is taken at a high dosage or used for a prolonged period of time, some symptoms may include hypervigilance and paranoia with tendencies towards violence. Research shows that up to 50 percent of the dopamine-producing cells in the brain can be damaged from prolonged exposure to relatively low levels of Meth.<sup>3</sup>

### **III. History of the use of Amphetamine and Methamphetamine**

Amphetamines have been manufactured since 1887. Meth was first synthesized in 1919 and closely resembles amphetamines in chemical structure and pharmacological action. Today, the term amphetamine generally refers to a group of pharmaceutically-produced pills used both legally and illicitly.

Early in the century amphetamine was used in nasal decongestants, and for the treatment of narcolepsy and obesity. Amphetamines could be obtained without a prescription until 1951, and were originally promoted as safe, low-risk drugs. Amphetamines were widely used as stimulants by American, British, German, and Japanese troops during World War II. During the 1950s-60s, amphetamines were available by prescription and were often prescribed for weight loss. During this same time period, they became widely available on the black market for use among athletes and long-haul truckers.

Meth gained popularity in the 1960s. During the 1960s “Speed” (a.k.a. amphetamine) use became popular in the Haight-Ashbury neighborhood in San Francisco, exceeding LSD and other hallucinogenic drugs in use. In the early 1960s intravenous use of Meth, combined with development of tolerance for the drug, led to an escalation of use in the Bay area.

Under the Controlled Substances Act passed in 1970, Meth is listed as a Schedule II drug having little medical use, and a high potential for abuse.

Use declined in the 1970s due to tight federal controls, aggressive law enforcement efforts, and a targeted public health campaign using the slogan “Speed Kills.”<sup>4</sup>

In the 1980s as Meth gained renewed popularity, dealers began to rely more on illegal labs to produce their supply. Currently, Meth is manufactured illegally within the United States, or is imported in finished form from Mexico.<sup>5</sup> Until recently the Meth epidemic was primarily an issue in the western part of the United States. However, the prevalence of abuse of Meth is now on the rise in the Midwest and eastern portions of the U.S. as well.

During the 1990s, Meth abuse has continued to rise in Washington State, driven in part by a proliferation of illegal Meth labs. Department of Ecology data showed 38 labs statewide during 1990. By 1999, the number of labs annually reported to the Department of Ecology had risen to 789.<sup>6</sup>

#### **IV. Physical and Psychological Impacts of Methamphetamine Use**

Stimulant drugs such as amphetamines and Meth exert biological action by releasing the neurotransmitters norepinephrine, dopamine, and serotonin. They are activated by drinking, ingesting, smoking, snorting, keistering, and/or injecting the drug. Prolonged after-effects may include headache, hypertension, pallor, palpitation, and vasoconstriction. In low or moderate doses, central nervous system signs include anorexia, insomnia, irregular heartbeat, and shortness of breath. Further, ethnographic research with gay and bisexual male Meth users indicates Meth use may escalate sexual risk-taking behaviors and lead to an increase in transmission of blood-borne infections and sexually transmitted diseases, including HIV, Hepatitis C, and Syphilis.<sup>7</sup> Further, for those injecting Meth, any sharing of injection drug-using equipment can lead to the transmission of blood-borne diseases like HIV and Hepatitis B and C.

The addiction to Meth that results from abuse is “a chronic, relapsing disease, characterized by compulsive drug-seeking and drug use that is accompanied by functional and molecular changes in the brain.”<sup>8</sup> Research has shown that up to 50 percent of the dopamine-producing cells in the brain can be damaged from prolonged exposure to relatively low levels of Meth.

The effects of Meth last between four and 24 hours after the initial drug rush. However, addiction often involves repeated and prolonged Meth use for days or weeks. During this time, deprivation of food, water, and sleep may occur as the Meth user forgets to take care of basic human needs. As a result, in the later phases of prolonged periods of Meth use, physical and psychological symptoms may become unbearable for the addict. These effects may include feelings of aggression, tendency toward violence, paranoia, anxiety, and hallucinations. This may bring on a state of toxic psychosis with symptoms similar to those usually associated with paranoid schizophrenia. When this occurs, individuals may become belligerent and delusional at the same time – a combination that can become dangerous for law enforcement officers who come into contact with Meth addicts during this stage.<sup>9</sup>

### V. Statewide Methamphetamine Impact Data

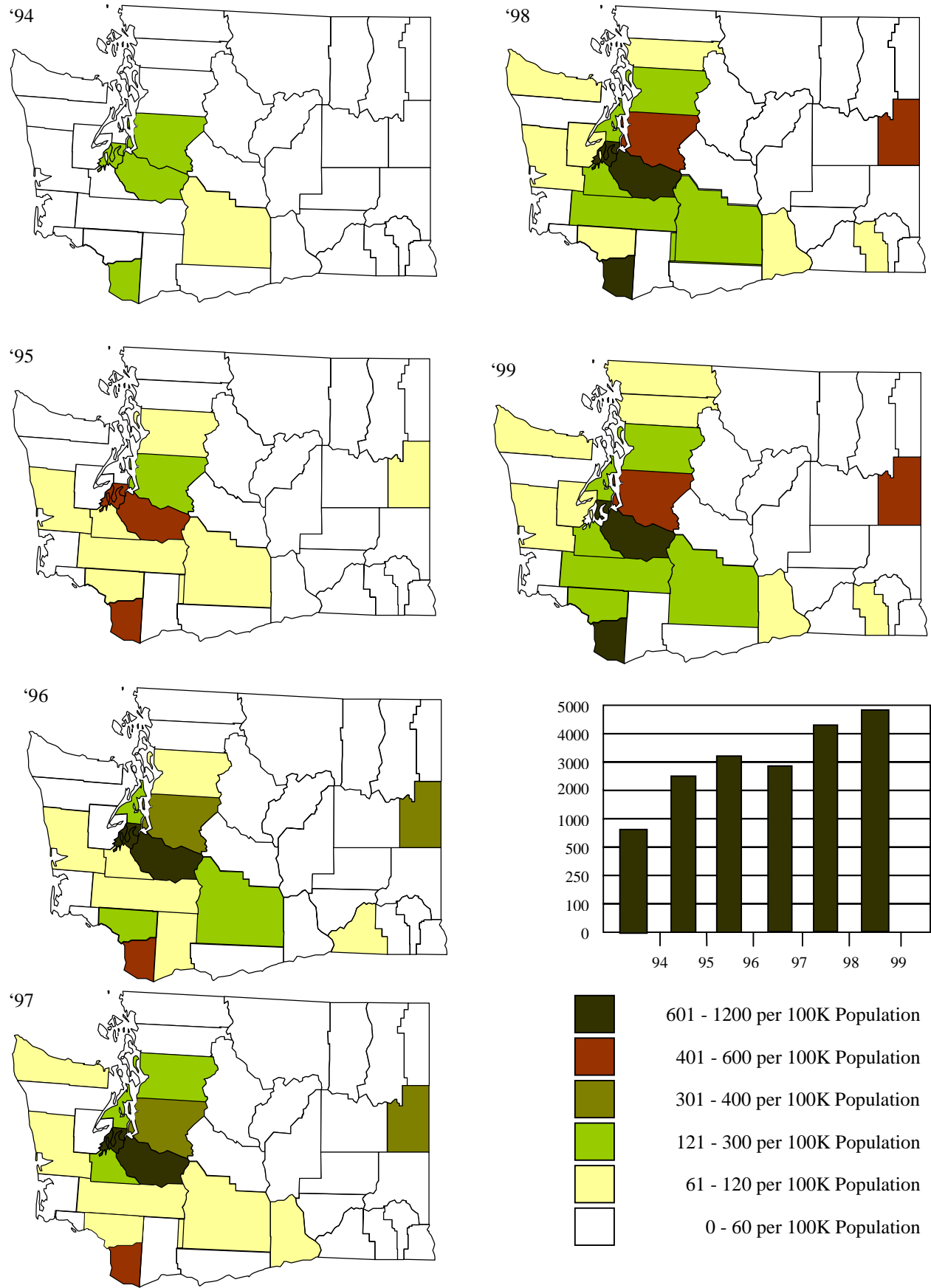
According to the 1998 Survey of Adolescent Health Behaviors, by the twelfth grade, 11 percent of Washington's public school students have tried Meth at least once.<sup>10</sup> The percentage of youth trying Meth doubled between the sixth and tenth grades. In 1997 only 2.3 percent of sixth graders reported they had tried Meth, but for eighth graders that percentage increased to 4.6 percent. For tenth graders, the percentage increased to 9.8 percent.

Meth treatment admissions to publicly-funded programs in Washington State have grown dramatically since the early 1990s. The Division of Alcohol and Substance Abuse estimates there are approximately 12,000 people in the state of Washington who are addicted to Meth. Data for 1993 shows a rate of treatment admissions for stimulant addiction at 486 admissions, or nine per 100,000 population statewide. The number of admissions has increased steadily. In 1999 the number of admissions for stimulant addiction was 4,854, or a statewide rate of 84 per 100,000 population.<sup>11</sup>

A 1998 National Institute of Justice report summarizing Arrestee Drug Abuse Monitoring Program (ADAM) data from seven western cities provides some compelling data for persons entering the criminal justice system. While the data outlined in this report does not provide an unbiased view of Meth use trends across all populations, the data does suggest Meth use has increased dramatically among those being detained by the criminal justice system since 1990. Further, this report suggests Meth was detected more frequently during routine drug screening among women and white arrestees when compared with other drugs routinely screened. The number of Hispanics testing positive for Meth has doubled in the last six years. This report also notes an increase in the percentage of arrestees ages 15-20 who test positive for Meth.<sup>12</sup> This data should be interpreted cautiously as it solely reflects those individuals being arrested and may not reflect Meth use trends among the greater population.

Data, from King County, indicates 47 percent of Meth injectors in the population of men who have sex with men (MSM) are infected with HIV. This is the highest prevalence of any population in the state.<sup>13</sup> The Young Men's Study conducted in King County in 1998 interviewed 368 men between the ages of 15 and 22 who reported they have sex with other men. Forty-four percent of those interviewed had tried Meth or amphetamines within the previous six months and 13 percent reported using these drugs during sex.<sup>14</sup>

Amphetamine Trends (Includes Meth)<sup>15</sup>  
Abuse as Indicated by Admissions to Public Treatment Programs





Between January and September of 1999 the Washington State Patrol (WSP) responded to 308 calls for assistance concerning Meth labs or lab-related activity. King and Pierce County teams responded to 79 and 130 calls during the same time period. The WSP indicated the chosen method of producing Meth in Western Washington increasingly involves the ephedrine-reduction method.<sup>17</sup> This entails fewer precursors, demands a much-shortened production time, and produces d-Methamphetamine – a purer, more potent drug. Generally speaking, the price of Meth has remained stable in the region over recent years with large quantities selling for \$560 to \$860 per ounce, depending upon quality, and smaller 1/4 grams selling for \$25-\$35, and \$80-\$120 per gram (35 percent-90 percent purity).

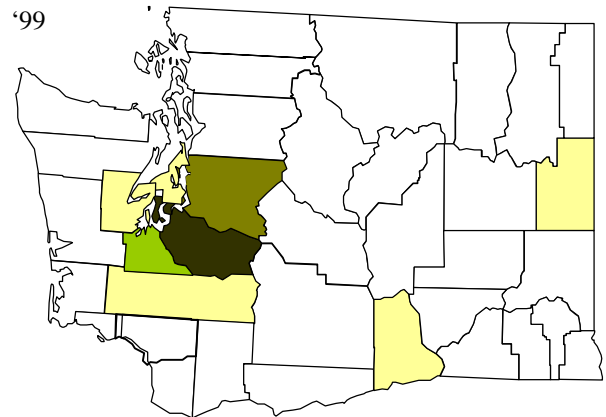
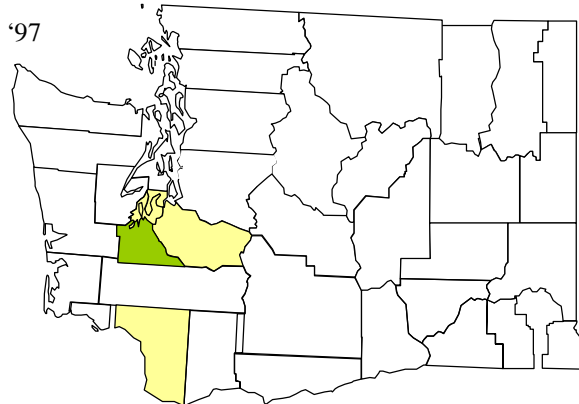
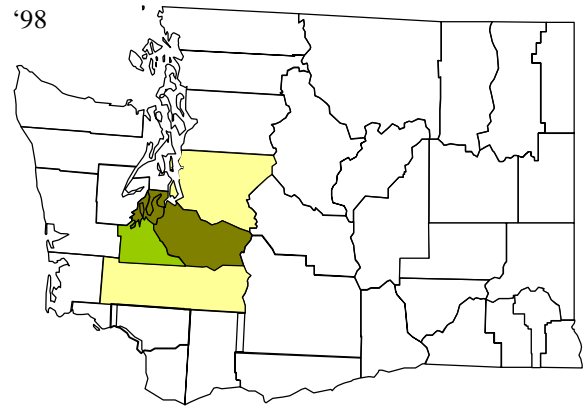
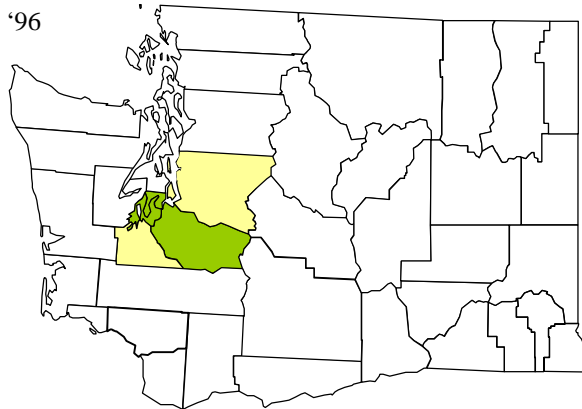
Department of Ecology data tracks all responses to Meth labs statewide. The department's data shows a steadily increasing number of illegal drug labs statewide from 1990 when just 38 illegal labs were reported. During 1999 up to 789 illegal drug labs were reported. In just a two-month period from January 1 to March 31, 2000, the Department of Ecology received reports of 362 illegal labs.

More than 40 percent (318) of the Meth labs reported in 1999 were in the urban area of Pierce County. Pierce County's Executive has estimated the county budgets \$1 million per year for fighting Meth problems in Pierce County. Not even the more populous King County, with 107 Meth labs reported in 1999, comes close to the level of Meth labs reported for Pierce County.<sup>18</sup>

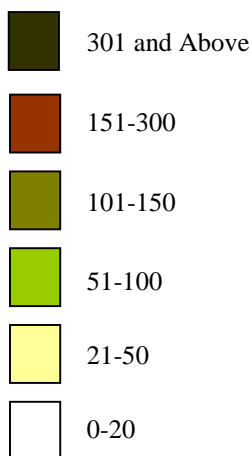
Meth labs are no longer just an urban problem in Washington State. The Meth problem is spreading to rural areas, like Benton County, where 38 labs were discovered in 1999 and 19 labs were discovered in just the first quarter of 2000. Grays Harbor County, where 16 illegal Meth labs were discovered in 1999, provides a good example of the challenge Meth is presenting in rural areas. Although the Gray's Harbor Sheriff's Department sees Meth as the drug of choice in their county, they cannot afford their own trained lab investigation team. They rely on the WSP's Statewide Incident Response Team (SIRT) and its mobile lab to respond to suspected residential Meth lab sites. The statewide demand for help is now so great that requests are often put on a waiting list until SIRT personnel are available to respond. Guarding the site before and after WSP assistance is available is an example of local police agencies responsibilities that stretch the limited resources of smaller jurisdictions in our state.<sup>19</sup>

# GCOSA 2000 METHAMPHETAMINE REPORT AND RECOMMENDATIONS

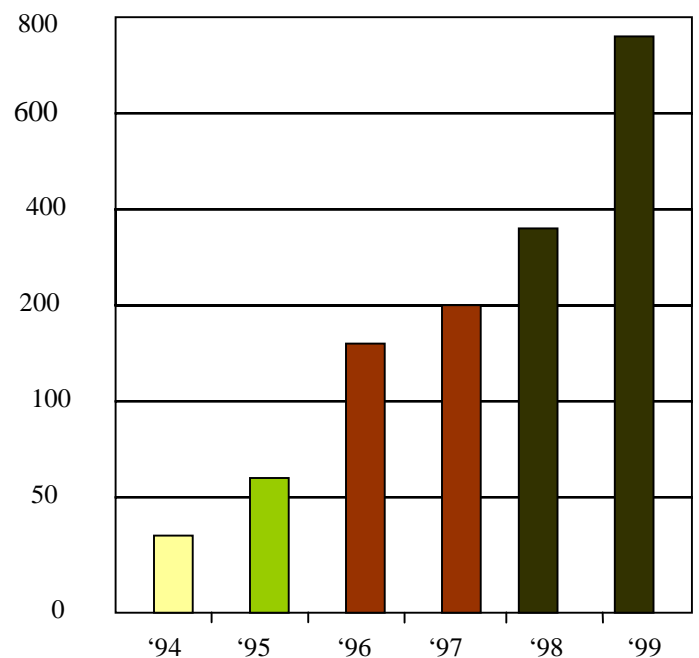
## Meth Labs Reported<sup>20</sup> Department of Ecology



Meth Labs Reported by County



Statewide Meth Drug Lab Trends



# GCOSA 2000 METHAMPHETAMINE REPORT AND RECOMMENDATIONS

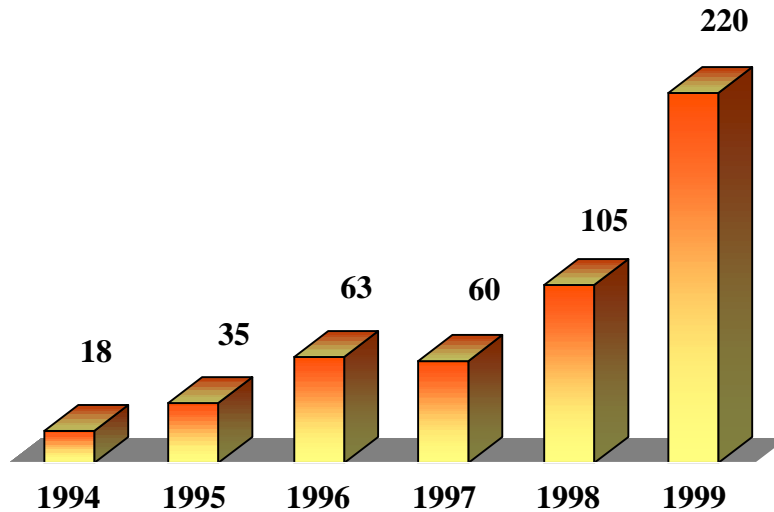
**Table 1: Department of Ecology <sup>21</sup>**

## 1990-1999 Methamphetamine Drug Labs and Dump Sites Reported by County

COUNTY	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Adams	-	-	-	-	-	-	-	1	-	1
Asotin	-	-	-	-	-	-	-	-	-	1
Benton	-	-	-	1	-	1	3	4	7	38
Chelan	-	-	-	1	-	1	1	-	-	2
Clallam	-	-	-	-	1	1	1	3	3	-
Clark	5	2	4	1	3	3	12	20	12	16
Columbia	-	-	-	-	-	-	-	-	-	1
Cowlitz	-	-	3	1	-	1	3	9	2	8
Douglas	-	-	-	-	-	-	-	-	1	1
Ferry	-	-	-	-	-	-	-	-	-	-
Franklin	-	-	-	-	-	-	-	-	1	8
Garfield	-	-	-	-	-	-	-	-	-	2
Grant	-	-	2	-	-	1	-	-	-	2
Grays Harbor	3	1	-	2	2	1	3	5	5	16
Island	-	-	-	-	-	1	-	1	2	5
Jefferson	-	-	-	-	-	-	-	1	1	2
King	6	10	2	7	7	10	23	17	48	107
Kitsap	1	1	2	1	-	-	3	-	1	21
Kittitas	-	-	-	1	-	1	-	-	1	3
Klickitat	-	-	1	-	-	1	1	1	3	-
Lewis	3	1	1	2	3	4	7	9	31	33
Lincoln	-	-	1	-	-	-	-	-	-	-
Mason	3	-	-	2	-	-	4	4	10	21
Okanogan	-	-	1	-	-	-	-	2	3	2
Pacific	-	-	-	-	-	1	-	4	1	6
Pend Oreille	-	-	-	1	-	-	-	2	6	10
Pierce	10	18	18	12	17	17	53	42	129	318
San Juan	-	-	-	-	-	-	-	-	-	-
Skagit	-	-	-	1	-	1	-	-	4	2
Skamania	1	-	-	-	-	-	-	-	-	2
Snohomish	2	2	-	2	-	-	7	6	5	13
Spokane	-	-	-	-	1	2	1	7	11	36
Stevens	0	2	-	-	-	-	1	1	-	5
Thurston	1	4	5	4	2	6	25	63	58	86
Wahkiakum	-	-	-	-	-	-	-	-	-	1
Walla Walla	-	-	-	-	-	-	-	-	2	8
Whatcom	-	-	-	1	-	-	-	-	-	-
Whitman	-	-	-	-	-	-	-	-	-	-
Yakima	3	3	-	2	-	1	5	1	2	12
<b>TOTAL</b>	<b>39</b>	<b>44</b>	<b>40</b>	<b>42</b>	<b>36</b>	<b>54</b>	<b>153</b>	<b>203</b>	<b>349</b>	<b>789</b>

Figure 1 shows the increase in the number of Meth labs found in residential settings. This increase parallels the increase in treatment admissions from 1993 through 1999. In 1994, eighteen residences were declared unfit for use because of illegal Meth manufacturing. In 1999, more than 220 residences were declared unfit for use. This is an increase of more than 1,200 percent since 1994.

**Figure 1** Washington State Residential Drug Lab Sites<sup>22</sup>

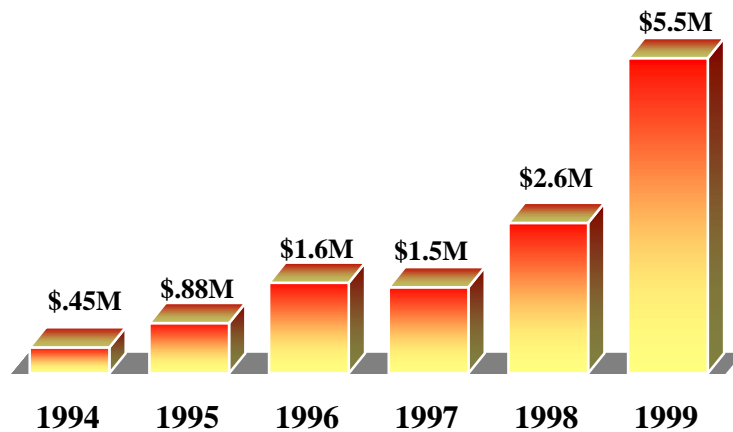


Typically labs are located in homes or residences. After a law enforcement action, chemical residues left behind can cause chemical burns, upper respiratory distress (cold and flu-like symptoms), and in some instances, death. Chemical contamination resulting from the production of Meth has been found at drug lab sites up to two years later. This remaining contamination must be cleaned up before the residence can be re-occupied.

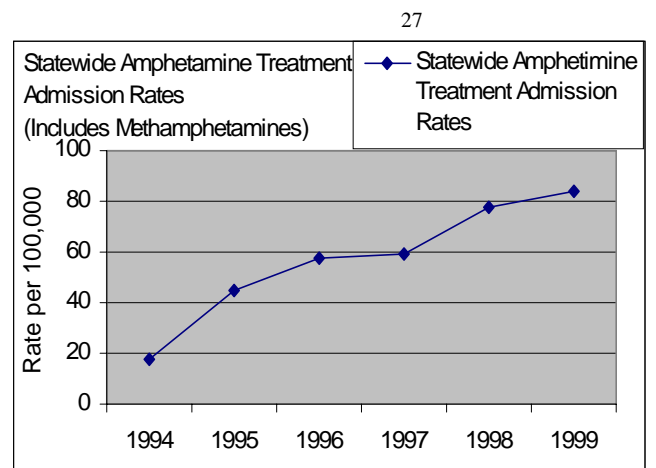
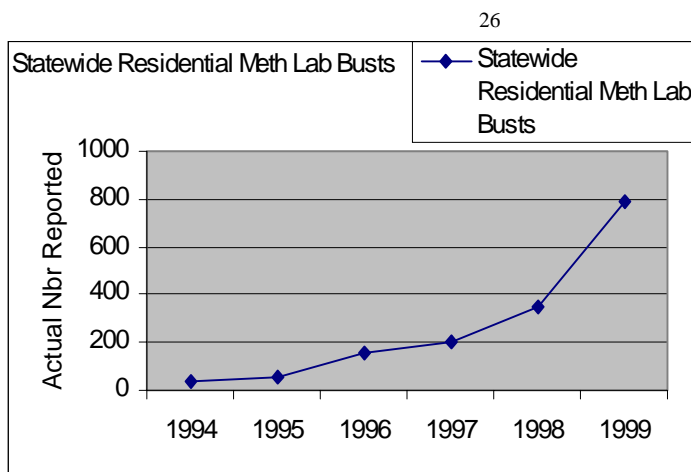
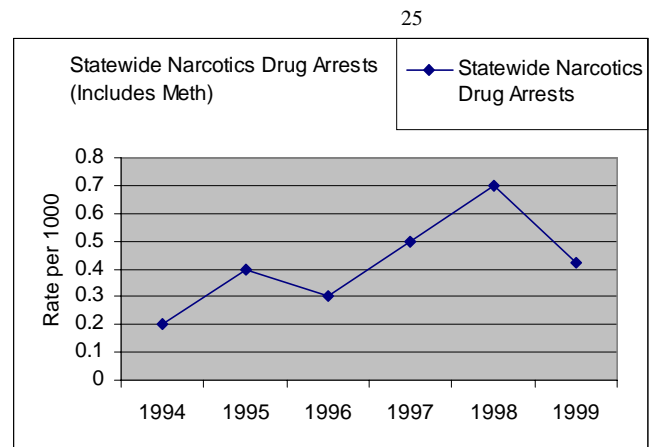
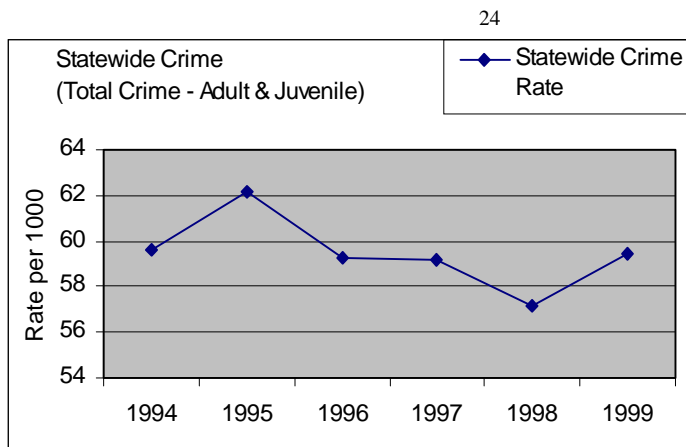
In many cases, hypodermic needles and other drug injection equipment remain at the site. This can present a bio-hazard exposing individuals who come into contact with used drug injection equipment to Hepatitis C, HIV, and AIDS.

The landowner is responsible for cleaning up the residual contamination. The cost to clean-up one of these sites is estimated to be about \$25,000. This represented an estimated statewide economic loss to property owners of about \$5.5 million dollars in 1999 (see Figure 2).

Figure 2: Annual Residential Drug Lab Costs (est. \$25K ea.)<sup>23</sup>



The data presented in the section paints a compelling picture of the Meth impacts in Washington State. It also demonstrates a problem with the current data available for tracking Meth-specific trends. Only the Meth lab data and the limited school survey data on Meth use provide data that is specific. Other sources, including Division of Alcohol and Substance Abuse data on treatment admissions, Child Protective Services data for out-of-home placements, and Uniform Crime Reports, collect statistics that include Meth as part of a larger category of drugs. This makes it difficult to document what portion of statewide increases drug-related impacts can be attributed to Meth. Anecdotal reports and data from a few individual counties show that Meth impacts are at least partially responsible for current increases in drug-related service demands. However, without longitudinal, Meth-specific data, this will be impossible to track statewide over time.



### **VI. Washington State Policies and Programs**

To date, our primary major public policy efforts have focused on the discovery and cleanup of Meth labs. Despite these efforts, the abuse of Meth continues to grow. As a result, the number of communities impacted, the number of individuals needing treatment, the number of children impacted, and the number of families needing health, substance abuse treatment, and other social services continues to grow.

The best current data available is the treatment usage data from the Division of Alcohol and Substance Abuse TARGET system. TARGET provides an accurate, statewide picture of the number of publicly-funded treatment admissions for amphetamine and Meth addiction. However, since TARGET does not distinguish between amphetamine and Meth users, it cannot provide an accurate estimate of the number of Meth abusers and addicts who have been admitted to treatment. This reduces the accuracy of this data source as a way to track and analyze Meth trends in Washington State.<sup>28</sup>

As part of the preparation for this paper, key informants from a variety of state agencies who provide Meth-related services were asked about current prevention, treatment/intervention, and law and justice related services, and the gaps or unmet needs they are aware of. The survey results are included in the following sections of this report.

#### **A. Treatment**

The majority of treatment programs in Washington State do not provide treatment services that specifically target Meth users either alone or in combination with other stimulant abusers. Where specialized treatment models for Meth addicts exist in Washington State, they vary considerably from provider to provider. However, most of the treatment models targeting Meth addicts combine elements from several treatment models including the traditional Minnesota Model and Reality Therapy to provide an intense and long-term treatment program. These approaches attempt to integrate elements such as family therapy, group therapy, and 12-step abstinence-based programs with reality therapy techniques. Reality therapy elements help the patient reconnect with other people and their living environment to meet the basic human needs for survival, love, belonging, power, freedom, and fun.

Research at the national level is attempting to identify the most effective methodologies for treating Meth addiction. The National Institute of Drug Abuse (NIDA) recommends cognitive behavioral interventions as the most effective treatment for Meth addiction. According to NIDA, these approaches help modify the patient's thinking, expectancies, behaviors, and increase skills for coping with various life stresses. NIDA also recommends that patients participate in long-term Meth recovery support groups in conjunction with treatment.<sup>29</sup>

The most recognized model for treating Meth addiction is the MATRIX Center model. This model incorporates elements of behavioral therapy, motivational interviewing, positive reinforcement, drug education, 12-Step relapse prevention, and family cooperation.

The experiences of some programs with the MATRIX model, such as the New Leaf program, report better outcomes with a longer course of treatment. Data collected from MATRIX model participants indicate statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky sexual behaviors associated with HIV transmission.<sup>30</sup>

In an effort to close the gap between Meth research and treatment practices, the Center for Substance Abuse Treatment (CSAT) recently awarded grants to seven agencies on the West Coast to study the effectiveness of the MATRIX model. Five grants were awarded to California programs, along with one in Hawaii and one in Montana.<sup>31</sup>

According to the Substance Abuse and Mental Health Services Administration and its CSAT, and the recently published Public Health Service Recommendations, psychosocial treatment approaches that incorporate well established psychological principles of learning are appropriate for and effective in treating Meth addiction.<sup>32</sup> The Consensus Panel organized by CSAT recommends a contingency management approach for treating stimulant users. Among those modalities especially cited by the Consensus Panel as effective is relapse prevention first and foremost.

Relapse prevention teaches clients critical skills to prevent resumption of use and minimize impacts of reuse, how to cope with cravings, substance refusal assertiveness skills, general coping and problem solving skills, and how to apply strategies to prevent a full-blown relapse should an episode of substance use re-occur.<sup>33</sup>

### Treating Methamphetamine Addicts with Children

It is difficult to estimate the number of children in Washington State who are at risk from parents addicted to Meth. The Division of Children and Family Services (DCFS) does not report data on drug use by the type of drug involved. Residential Meth lab cleanup crews estimate they find evidence that children are or have been at the lab site in at least 35 percent of the drug labs they are called to investigate. It is routine now for law enforcement to call in Child Protective Services (CPS) to intervene on behalf of these children.

In response to the danger faced by children and CPS workers exposed to Meth in the course of an investigation, the Department of Social and Health Services is working with the WSP, the Department of Health, and the Washington State Community, Trade and Economic Development to develop a model response protocol. Additional training is planned to help CPS workers recognize Meth situations how to work with CPS clients involved with Meth.

It is not surprising that children are usually removed from the home until Meth-addicted parents have stabilized and are no longer using drugs.

Children found in the homes of Meth addicts may be neglected and are often found living in filthy, unsanitary conditions. Dr. Alex Stalcup recommends four steps for family re-entry:

- 1) Remove the child
- 2) Mandate the parent to undergo treatment
- 3) Monitor the addict randomly during treatment using urine analysis to document that sobriety is being maintained
- 4) After a period of sobriety has been established, continue monitoring and treatment as the family is reunited.<sup>34</sup>

One way to document the impact Meth abuse has on families is to look at the data for dependency filings. One example is dependency filings in Clallam County where in 1996, eighty-four percent of the children had parents who were personally impacted by substance abuse. That percentage rose to 91 percent of the dependency filings for 1997. Due in large part to a unique approach of working with substance abusing parents, 71 percent of the children who were the subjects of dependency filings in Clallam County in 1997 have been successfully reunited with a parent.

The DCFS social workers of Clallam County have developed a community-wide, multi-agency approach for working with substance abusing families. This approach involves the use of an outreach worker to engage the client in treatment. The outreach worker also works actively with inpatient and outpatient treatment providers to assist in follow-through for assessment, referral to inpatient treatment, and post-inpatient services.

Proactive discharge planning targets family reunification needs, including an assessment of housing needs, which takes place while the client is still in inpatient treatment. Serenity House Shelter and Evergreen Family Village in Port Angeles are used successfully to provide stable, drug-free transitional housing. Following this, clients are often assisted with finding housing through the Clallam County Housing Authority and Section 8 Housing. Throughout the process, joint staffings are held with the CPS worker, the treatment provider, and other agencies working with the family. Random UAs (urine analysis to determine drug use) are continued throughout this process to ensure that the client is remaining drug-free. Their experience in working with Meth addicts is that this process works best when inpatient services are provided for three to six months, and parents have demonstrated the ability to remain drug-free before family reunification takes place.<sup>35</sup>

### Treating High-Risk Populations

The NEON program in King County is a community-based program that combines prevention, education, and treatment models for a specific, high-risk population. NEON stands for Needle and sex Education Outreach Network. The program targets Meth use among gay and bisexual men. NEON is a collaboration between Public Health – Seattle and King County, and Stonewall Recovery Services.

The NEON program incorporates behavioral change theory, ethnographic research, and input from members of the Meth-using population in its project design. NEON's continuum of mutually-supporting prevention, education, and treatment options encourages Meth users to reduce the harmful effects of their Meth use by/through:

- reducing/eliminating their Meth use
- reducing their level of risk for HIV, HCV, or STD infection
- managing their social, physical, and mental health issues.

NEON activities include peer-based outreach/education, abstinence groups, individual and group counseling, and the production and distribution of educational pamphlets, brochures, and needle exchange services.<sup>36</sup>

### **B. Prevention of Methamphetamine Use**

#### Prevention of Use and Abuse

The National Institute on Drug Abuse recommends several steps be followed in building an effective prevention approach:

- Assess the nature of the Meth problem with the local community and adapt prevention programs accordingly. The assessment should include collecting data about key indicators such as emergency room admissions, drug treatment, number of Meth labs, etc.
- Follow general prevention program guidelines: start early, be comprehensive, and stress key points repeatedly.
- Emphasize family-focused prevention strategies.
- Focus on proven, research-based prevention strategies.<sup>37</sup>

The risk and protective factor-based model for prevention programs used in Washington State is consistent with the recommendations for prevention programs issued by the National Institute on Drug Abuse. Washington prevention programs begin with a community assessment of indicator data for the risk factors associated with increased drug abuse prevalence. Research-based prevention strategies targeting specific risk factors can then be implemented. These strategies work by either directly reducing the risk factor or by creating buffers (or protective factors) that help youth cope with the conditions in family, school, community, and peer domains that increase the risk youth will choose to use and abuse drugs. A topic for discussion among the Meth Workgroup members was whether this approach is adequate to deal with the growing Meth problem in our state.<sup>38</sup>

### Preventing the Illegal Manufacture of Methamphetamine

Recipes for Meth are readily available on the Internet, and new recipes are continually being refined to adapt to the materials available.

Currently, there are at least three different processes used in the clandestine manufacture of Meth. In part, the current increase in the illegal manufacture of Meth is due to a newer method of cooking Meth that is easier and requires less equipment and set-up than the previously used methods. This method is similar to one used by Germany during WWII and is, therefore, known as the Nazi method.

There is a serious health threat to public employees such as law enforcement officers, child welfare, and even community members who may inadvertently come into contact with substances from illegal labs. Containers of chemicals, such as anhydrous ammonia, may explode when improperly stored. Physical contact or inhalation of certain precursor chemicals can cause lung or liver damage.

One approach to controlling the illegal manufacture of Meth is to control access to the precursor substances used for its manufacture. This can be difficult since most are common substances that are readily available from public retail outlets. Examples include pseudo-ephedrine commonly used in cold tablets, anhydrous ammonia used in fertilizers and refrigeration, lithium used in camera batteries, and red phosphorus used in road flares and match striker plates. Other precursors include ephedrine, ethyl ether, iodine, thionyl chloride, chloroform, palladium, perchloric acid, tetrahydrofuran, ammonium chloride, and magnesium sulfate.

There are ongoing efforts in Washington State to inform retailers who sell the precursors used for manufacturing Meth. Large retail store chains such as Wal-Mart and 7-Eleven have been particularly helpful in controlling and reporting the sale of large volumes of lithium batteries and cold tablets containing pseudo-ephedrine. Costco has also responded by limiting sales of products containing pseudo-ephedrine to no more than two grams.<sup>39</sup>

In 1999 a group from the FarWest Fertilizer and Agrichemical Association met in Moses Lake to learn how to protect themselves from theft, and how to identify a potential sale of anhydrous ammonia for illegal use in the manufacture of Meth. Following this meeting, the group researched what legislative action could assist in controlling this problem. Their efforts were instrumental in developing legislation passed during the 2000 state legislative session.

Anhydrous ammonia, which is 82 percent nitrogen, is widely used by farmers as an inexpensive fertilizer. Mark-up on the black market for anhydrous ammonia can be as much as 100 percent, making the storage tanks of fertilizer distributors as well as individual farmers targets for theft. Distributors and farmers are concerned about the dangers of tampering with storage tanks and the potential liability should anyone be injured during the theft or use of stolen anhydrous ammonia.

In 1998 the Washington Legislature took action to double the sentence for manufacturing Meth. Legislation was passed during the 2000 Washington State legislative session making theft, or possession of anhydrous ammonia with the intent to manufacture Meth, a Class C Felony. Another bill, passed during the 2000 legislative session, added two years to the standard sentence for persons convicted of manufacturing Meth when children are present.

Several other states, including Arkansas, Illinois, Iowa, Kansas, Mississippi, Missouri, Nevada, Tennessee, and Texas, have taken specific legislative action to control the sale of some precursors for the manufacture of Meth. Some state laws are specific to anhydrous ammonia, making it a felony to purchase it for the intent of producing a controlled substance. Other states, like Iowa, have included purchase of any of the major precursors in their legislation. Proof of intent varies. Some states place the burden of proof that the precursor substance was purchased for agricultural use on the defendant. Other states place the responsibility on the prosecutor to disprove agricultural use or to specify intent to use the chemicals for Meth production.

### **C. Law Enforcement, Environmental and Public Health Interventions**

In Washington State, law enforcement works closely with the Department of Ecology and local health departments on the investigation and cleanup of drug labs. Illegal labs are most often found in rented houses, apartments, and motel rooms. However, an increasing number of labs are also being discovered in motor vehicles, abandoned dumps, campgrounds, restrooms, and on open public lands.

Law enforcement agencies responding to these reports have a primary responsibility to obtain evidence of illegal activity for arrest and prosecution. The health departments and the Department of Ecology are responsible for public health and environmental concerns from contamination of the structure and surrounding land and water by the toxic chemicals used in the manufacture of Meth. All are currently struggling to meet a demand for service that far exceeds their budgeted resources.

#### Law Enforcement

Meth use and manufacturing have severely impacted law enforcement in Washington State since first appearing in the 1980s. Meth use has been linked to a wide variety of crimes ranging from mail theft to homicide. As an example, Thurston County experienced seven homicides in 1999, with five related to Meth.

Meth use often results in unpredictable paranoia, which heightens the threat/risk to citizens, including responding law enforcement officers. Numerous officers have received Meth awareness training, which includes specific tactics on how to handle “tweaked out” users; however, the use of deadly force has been necessary in some cases.

Meth manufacturing sites, often referred to as Meth labs, have dramatically increased since 1987 when the first response procedure was developed. Washington currently has five established Meth response teams:

- 1) King County Sheriff's Office
- 2) Seattle Police Department
- 3) Pierce County Sheriff's Department
- 4) Tacoma Police Department
- 5) Washington State Patrol, Statewide Incident Response Team

The Drug Enforcement Agency (DEA) also has the ability to respond, but has focused most of their efforts on much needed lab response associated training.

Meth lab investigations in Washington, as reported to the Western States Information Network, have risen from 44 in 1994 to 567 in 1999. This dramatic increase has resulted in a severe impact to law enforcement response teams. The SIRT is the sole response team for 37 of the 39 counties. The SIRT's responses escalated from 81 in 1995 to 262 in 1999. As a result, agencies requesting SIRT response must often wait for several days. This is costly for the requesting agency, and it results in dangerous delays in the removal of hazardous chemicals from community sites.<sup>40</sup>

Many labs are discovered during the course of other criminal investigations. Pierce County Sheriff's Office has discovered a direct correlation between the rising number of Meth labs and increased reports of domestic violence.

The detrimental effects of Meth production and use on children are seen first-hand by SIRT members. SIRT has found children, or evidence of their presence, at an average of 35 percent of Meth lab responses. Many children are found living in deplorable living conditions that include incredible filth, loaded weapons, accessible drugs, and dangerous contamination. A recent lab response in Pend Oreille County found an 11-year-old girl living alone in a mobile home with no running water, no bed, no furniture, and a broken door. The girl's parents, Meth users and manufacturers, had placed her in the trailer because the main residence was being used as a Meth lab.

The volatile chemicals and poisonous gases resulting from Meth manufacturing occasionally result in fires and explosions. Several suspects have been critically injured and some have perished. In June 1999 a Thurston County husband and wife died from a Meth lab fire leaving two children who fortunately were not present at the time.

Additional resources are necessary to properly address the Meth lab response problem. Response teams are inundated with calls for service and operational costs continue to soar.

Law enforcement teams are experiencing difficulty in answering requests for processing Meth labs and are unable to provide adequate, proactive investigative ability in order to curb the Meth epidemic. Efforts are underway to form multi-agency regionalized response teams.

### Environmental Policies and Programs

Since 1990 the Department of Ecology has been responsible for handling and disposing of hazardous substances found at illegal drug labs. Four regional response teams provide around the clock, on-site response, and disposal services. Ecology responders work closely with local and state law enforcement agencies, fire and emergency medical departments, and health authorities to respond to and clean up drug labs.

Substances found at drug labs can include various acids, sodium hydroxide, flammable solvents, anhydrous ammonia, lithium and sodium metals, red phosphorus, and pressurized cylinders and containers. Some substances can cause severe injury or death if inhaled or touched, while others can react violently if heated, mixed with water, or exposed to air. Illegal drug labs also commonly contain a wide assortment of contaminated glassware, hypodermic needles, and other debris. All these materials must be properly disposed of to protect public health and the environment.

Pressurized gas cylinders represent a particular problem for responders. Ecology has found fire extinguishers, scuba tanks, and soda dispensers used to generate hydrogen chloride gas. Anhydrous ammonia, a highly poisonous and corrosive material, is found in modified propane tanks and large pressurized cylinders. These tanks are extremely unstable and can be difficult to depressurize. Often, the homemade valves on these containers are so crudely crafted and corroded, the only safe way to ventilate the tanks is to have local law enforcement officials shoot them, under strictly controlled conditions, with a high-powered rifle. In January 2000, two 150-gallon commercial ammonia cylinders, eight 2½ to 5-gallon propane tanks with ammonia, and two pump sprayers containing hydrogen chloride (HCl) were found in one dumpsite in Oakville. During the first two months of 2000 alone law enforcement officers, working with Department of Ecology staff, shot 132 containers containing ammonia or hydrogen chloride acid gas.<sup>41</sup>

Ecology staff pioneered many innovative and cost saving procedures as response expertise grew in proportion to the drug lab numbers. The 789 labs reported during 1999 have created a serious workload issue for Department of Ecology staff who are seriously overextended. This is particularly true for the southwestern region of Washington where about 60-70 percent of Washington's drug lab responses occur. With no fiscal relief in sight for this current biennium (1999-2000), Ecology has begun to curtail drug lab services in order to stay within budget allocations.

The Washington State Department of Health (DOH) and local health jurisdictions work closely with law enforcement, the Department of Ecology, and other agencies to combat this serious drug problem.

Both the DOH and LHJs are concerned about the health risks associated with illegal Meth manufacturing labs (clandestine drug labs or clan labs) because innocent children and adults can be potentially affected by the residual chemicals left at these labs. Health hazards vary with the method of producing the drug and the drug produced. Generally, chemical residues left behind at these clan labs can cause chemical burns, upper respiratory distress (cold and flu-like symptoms), and in some instances, death. Young children, under the age of three years, are especially vulnerable and have become chronically ill.

### Local Concerns: Health Departments, Hospital Emergency Rooms, and Private Property Owner Issues

The number of illegal, residential Meth lab sites in Washington increased from 18 in 1994 to 223 in 1999 (Figure 2). At all of those sites, Meth was produced using a combination of hazardous, toxic materials. The Meth production has also resulted in hazardous wastes (an estimated six pounds of waste is generated per pound of Meth produced). By law, the LHJ is responsible for assessing the health risks at a residential Meth lab site. When the site is found contaminated, the LHJ is responsible for ensuring the site is decontaminated. As the number of sites has increased, the LHJ resources to respond have been hard pressed to keep up with the demand for services.

The DOH and LHJs are concerned about the public health risks associated with illegal Meth manufacturing. The residual chemicals left at these lab sites potentially affect young children (under the age of three years). The health effects of chronic, low-level exposure to Meth on young children are largely unknown. Nothing is known about the health effects of the isomers produced at these labs. Health hazards and risks vary with the method of producing Meth. Also, there are many unknown health risks with these labs because the cooking normally overheats and/or under reacts the manufacturing process resulting in isomers.

Typically, residential lab sites have hypodermic needles and other drug injection equipment left in the wastes. These present biohazards associated with Hepatitis C, HIV, and AIDS. These wastes must be safely handled and properly disposed.<sup>42</sup>

In urban areas hospital emergency rooms are prepared to deal with treating individuals who have been exposed to substances in Meth labs.

However, there is a need to provide more training and technical assistance to emergency room staff in smaller, more rural areas. There is also a need to provide more education and technical assistance to private medical providers who may come into contact with individuals who have been exposed to meth lab chemicals.

Also, DOH and LHJs are concerned about the cost to property owners associated with the decontamination of illegal Meth manufacturing sites. DOH is working with LHJs, contractors, real estate interests, property owners, and others to reduce decontamination costs. One strategy has been to allow the property owner to decontaminate the site without using the services of a certified contractor.

Past data indicates the number of drug lab sites will double each year. In the year 2000 it is estimated there will be more than 400 lab sites in Washington. This may very well overwhelm the resources of LHJs. More resources are needed to assess the risks, and cooperative effort by all parties is needed to reduce the number of labs.

### **D. Cross System Collaboration**

The pervasiveness of Meth impacts in communities across Washington State has led to a number of efforts for cross-system coordination among agencies and programs that have rarely been partners in the past. Few agencies challenged by the Meth epidemic have failed to acknowledge the need to work collaboratively for solutions. The Meth Workgroup applauds the many efforts in communities and agencies across the state where people are coming together to attack this problem.

In many communities, Meth action teams are forming with representation that includes health departments, law enforcement, courts, child welfare, schools, businesses, local governments, substance abuse providers, and community crime and substance abuse prevention groups. At the state level, a coordinating committee of state agencies meets on a regular basis to share information and discuss strategies. Most of these agencies have participated in the preparation of this paper.

There was considerable discussion about how to build and sustain a proactive, collaborative strategy in the Meth Workgroup sessions to develop this paper. There was agreement that this is necessary in order to make the best use of the information, resources and skills of all agencies impacted by the Meth epidemic. This is a major focus for the Recommendations section that follows.

In communities where collaboration is already occurring, it is important to sustain and augment these efforts to a level that will maximize their effectiveness. This requires access to reliable, cross-system impact data, and training and technical assistance that includes all agencies and programs that come into contact with individuals, children, or families impacted by Meth. However, it is also essential that there be a clear commitment to develop and carryout joint responses to Meth incidents and services to individuals, children, and families impacted by Meth.

To sustain a collaborative Meth reduction strategy at state level agencies, it needs to be a written commitment to enable agency staff to participate effectively in an ongoing collaborative process. The Meth Workgroup believes, at a minimum, this requires a Memorandum of Understanding among members of the agency team that outlines individual agency responsibilities, joint procedures for responding to Meth impacts, and an agreement to share information and data.

Data was a frequent topic for the Meth Workgroup. Examples of the excellent data available are included in this paper. However, there is no system to routinely collect data across agencies for trend analysis and evaluation. Without this, it is difficult to accurately assess statewide impacts and plan effective reduction strategies.

One statewide analysis the Workgroup believes is necessary is one the Office of Financial Management can provide—a cost/benefit analysis of state agency programs currently impacted by the Meth epidemic. This could provide a useful tool for planning effective, proactive strategies and for establishing benchmark targets for Meth reduction.

## **VII. METH WORKGROUP RECOMMENDATIONS FOR POLICY AND PROGRAM ACTION**

Controlling the Meth epidemic in Washington State will require ongoing, cross-system collaboration to effectively link prevention, treatment, health, child welfare, education, and law and justice efforts at the state and local level. The pervasiveness of Meth impacts will require more Meth specific modalities for treatment and prevention. The Meth Workgroup does not recommend the elimination of current efforts; rather we recommend these efforts be augmented to provide a more comprehensive approach.

### **A. Recommendations for Cross-System Collaboration:**

#### State Level Meth Consortium

The Meth Workgroup recommends a consortium of state agencies develop a written Memorandum of Understanding (MOU) among the member agencies to detail a strategic management approach to reduce Meth impacts in Washington State. The MOU should lay out a process for establishing and modifying cross-system solutions, specify the role of each consortium agency, and commit each agency to carry out specific responsibilities for dealing with Meth impacts. Other duties of the consortium should include the following:

- Establish a database at the state level to collect cross-system data, track trends, and analyze impacts. Data collected and analyzed should be Meth-specific and include statewide crime statistics, treatment admissions, CPS out-of-home placements, Meth-related hospital admissions, environmental impacts, economic impacts, and other indicator data identified by the consortium as important for tracking Meth impacts.

- Work with economists at the Office of Financial Management to assess the economic impact of Meth and complete cost/benefit analyses for current and proposed policy actions.
- Develop statewide benchmarks to establish targets and timelines for reducing the number of Meth labs, Meth use, and the related impacts.
- Develop, review, and update model protocols as needed for agencies routinely called to respond to Meth incidents including local health departments, police agencies, hospitals and private medical providers, substance abuse treatment providers, environmental health, and child welfare agencies.
- Determine training and technical assistance needs for state and local agencies routinely asked to respond to Meth incidents. Provide or arrange for training and technical assistance as needed.
- Provide semi-annual reports to the Governor and the Legislature on the status of the Meth problem, actions implemented, documentation of results, and recommendations for further state policy action.

### Strategic Action Teams

The Meth Workgroup recommends Washington State Community, Trade and Economic Development, through its Community Mobilization Program and the Community Mobilization contractors in Washington's 39 counties, form Action Teams in local communities heavily impacted by Meth. The purpose of these teams would be to respond to Meth impacts requiring an immediate community-level response. These teams would also act as community advisory groups to inform the consortium of state agencies of needed changes in policy and procedures to support community initiatives to reduce Meth impacts. Action Team membership should be determined by the needs in each community, but, at a minimum, should include law enforcement, justice, business, labor, education, public health, environmental health, child welfare, public housing, substance abuse treatment and prevention providers, local researchers, and representatives from community organizations.

### **B. Treatment System Recommendations**

The Meth Workgroup recognizes the Washington treatment system is so overextended that currently only one in five persons needing inpatient and/or outpatient substance abuse services have access to treatment. However, the Workgroup feels strongly that successful treatment of Meth addiction requires a concentrated, long-term approach currently not available in most communities. We believe that an adequate cost/benefit analysis, as proposed under the cross-system collaboration recommendations, will support the cost effectiveness of this treatment approach.

### Methamphetamine Specific Models for Treatment

- Develop longer, more intensive treatment models that include long-term recovery support.
- Provide family-focused treatment programs to aid with family reconciliation during and following treatment
- Develop treatment models that address needs of special populations such as prison inmates, and ethnic and sexual minorities.
- Link HIV care and prevention services with access to substance abuse treatment.
- Develop wrap-around models for rural areas to maximize use of local resources to provide viable, long-term treatment and recovery support.

### Methamphetamine Specific Collection of Treatment Data

Treatment data from the TARGET system at the Division of Alcohol and Substance Abuse provides some of the best indicator data available for tracking drug abuse trends in Washington State. Unfortunately, this system does not break out Meth from other stimulant drugs in the collection and analysis of treatment data. The Workgroup recommends the following modifications to the collection and analysis of TARGET system data:

- Modify TARGET system data collection to collect Meth-specific treatment admissions.
- Track sources of referral for Meth treatment admissions.
- Track rate of treatment retention and relapse rates for Meth admissions.
- Track treatment modalities used for Meth admissions, length of treatment, and treatment drop out rates.
- Track and compare treatment access and outcomes for subgroup populations, including racial minorities, injection drug users, youth, and rural versus urban populations.
- Collect information on the source of Meth used, whether it is imported from out-of-state or produced illegally in Meth labs within Washington State.

## **C. Recommendations for Preventing the Use of Methamphetamine**

The generic Risk and Protective Factor model for prevention in Washington State provides an excellent basis for the development of Meth-specific, community-based prevention approaches. The Workgroup recommends Meth-specific prevention programs be piloted to assess whether these prevention efforts are more successful in reducing Meth use than generic drug abuse prevention programs.

- Pilot Meth-Specific Prevention Programs
  - Pilot community prevention programs specific to Meth prevention.
  - Build in evaluations to compare Meth-specific prevention program outcomes with those of generic-drug prevention programs in reducing Meth use.
- Public Information Campaign
  - Provide a concentrated, public information campaign to educate the public at large and specific, at-risk populations about the dangers of Meth use.

### **D. Recommendations to Reduce Meth Labs**

The Meth Workgroup feels strongly that reducing the number of illegal Meth labs will require the participation of a well-informed public. Most labs are still discovered by accident in the course of other police business. A pro-active approach to discovery and investigation of suspected lab sites cannot occur without the involvement of informed citizens in neighborhoods across the state. We recommend state government take action to assure a strong Meth awareness and education program is provided statewide. The Meth Workgroup also cautions policymakers that the success of such a campaign will depend on having agency capacity in receiving reports to make a timely and adequate response.

#### Public Education Campaign.

Design and conduct a public information campaign to educate the general public about Meth impacts, when and how to report suspicious activity that may indicate the presence of an illegal Meth lab. These include unusual odors and the dangers for environmental contamination and personal exposure to toxic substances at Meth labs and dump sites. An important segment of this training should be targeted toward educating owners of rental properties about Meth lab contamination and the costs of cleanup that are currently borne by the property owners.

- Educate retailers selling products containing Meth precursors
  - Provide training for retailers and sales clerks about products containing precursors for Meth production.
  - Work with retail organizations to set limits on the quantity of products containing precursors that can be purchased.
  - Provide training for retailers on how to identify a potential problem, procedures for managing customers attempting to purchase large quantities of products containing precursors, and when to call for assistance if they suspect a customer may be buying precursor substances to manufacture Meth.
- Educate fertilizer distributors and agrichemical users
  - Provide education and information to fertilizer distributors and users of agrichemicals about the need for security at storage facilities to prevent anhydrous ammonia theft and environmental leakage from damaged equipment.

- Educate persons who provide services in residential settings
  - Provide training and informational materials to persons in jobs requiring extensive work in residential settings such as utility workers, cable television installers, and insurance adjusters.
  - Design training to help identify suspicious activities and signs of Meth labs and dumpsites, as well as when to call to make a report.

### **E. Recommendations for Law Enforcement, Environmental, and Health Risks**

The major concern for law enforcement, environmental, and health professionals involved in the investigation and cleanup of Meth lab sites is the increasing number of reports of Meth labs have made it impossible to provide the level of response necessary to assure public health and safety. Even so, there are a number of system improvements the Meth Workgroup believes will enhance the success of efforts to reduce the number of Meth labs.

- Improve collection and analysis of crime data
  - Develop a unified data collection system to collect and analyze crime data related to illegal Meth labs and drug trafficking to provide more cross-jurisdictional information and identify patterns for better interdiction.
  - Develop a data collection and retention system to track the quantity and type of wastes removed from lab sites.
  - Track costs and other impacts on the law and justice system.
- Enhance staff and training of local law enforcement agencies
  - Provide training for local law enforcement agencies to help stem the increased manufacture and use of Meth, especially in rural areas of the state.
- Investigate and clean up lab sites
  - Provide resources necessary to afford adequate and timely criminal investigation of suspected drug labs and environmental clean up of toxic substances that remain after a lab is discovered.
  - Increase resources available to local health departments for response to local Meth problems.
  - Educate owners of rental property about the condemning of property and the landlord-borne costs for cleanup of residential Meth lab sites.
  - Require notification of prospective tenants by landlords when the property has been contaminated.
- Train medical providers
  - Provide training and technical assistance to emergency rooms and private medical providers in treating individuals exposed to Meth lab chemicals.

## ENDNOTES

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